

Born in Cleveland ☒ YES ☐ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____				Artist <u>Catherine R. Malloy</u>	
				FIRST NAME	LAST NAME
Address <u>2568 Charney Rd. Cleveland 18</u>				<u>Cuyahoga</u>	Tel. <u>FA 1-2551</u>
NO.	STREET	CITY	ZONE	COUNTY	

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

[illegible]

Use second blank if required

IMPORTANT

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Catherine P. Drolley
SIGNATURE